

1 year and-a-half.

2 Q. When did you leave?

3 A. That I can't tell you exactly.

4 Q. All right.

5 A. And I worked for a different company
6 out of corrections for about a year and-a-half,
7 and then I came back to Suffolk County House of
8 Corrections.

9 Q. Do we have an idea when that was, what
10 year that was? Was that in 1999?

11 A. Somewhere around there. It might have
12 been in 1998. Somewhere around that area it was.

13 Q. All right.

14 A. And I left there for the Bristol House
15 of Correction for about a year. I transferred I
16 should say.

17 Q. Were you still working for the same
18 employer?

19 A. Yes.

20 Q. And what employer was that?

21 A. CMS.

22 Q. All right. So while working for CMS
23 approximately July of 1998 at the Suffolk County
24 House of Correction you then transferred to

1 another site while still working for Correctional
2 Medical Services?

3 A. Yes.

4 Q. At some point did you return back to
5 the Suffolk County House of Correction?

6 A. Yes.

7 Q. When was that?

8 A. About a year later, it may have been
9 1998, 1999, 2000 somewhere in that area.

10 Q. And your employer at that time was?

11 A. CMS.

12 Q. Was the Suffolk County House of
13 Correction a work site?

14 A. Yes.

15 Q. Were you employed by the Suffolk County
16 Sheriff's Department?

17 A. No.

18 Q. While you were working at the Suffolk
19 County House of Correction for CMS, approximately
20 1998 to 1999, what was your position?

21 A. Health Service Administrator.

22 Q. And did you consistently work for CMS
23 at the Suffolk County House of Correction from
24 your most recent return in 1998 or 1999 until you

1 left in 2003?

2 A. Yes.

3 Q. And during that period of time what was
4 your position?

5 A. Health Service Administrator.

6 Q. Why did you leave the employ of CMS in
7 November of 2003?

8 A. For a position at M.C.I. Norfolk with
9 UMass which was a lot closer to home for me
10 rather than drive into Boston from North
11 Attleboro, it is like 15 minutes so, it is a lot
12 nicer.

13 Q. Were your reasons for leaving, did they
14 have anything to do with the work site, the
15 Suffolk County House of Correction?

16 A. No, I actually liked working at
17 Suffolk. I had employed all of the employees so
18 it is kind of nice to have your staff and build
19 that up as I had and have everyone there that you
20 know you employed them.

21 Q. I want to direct your attention at
22 least initially from the period of time from 1999
23 or so to 2003 while you were working for CMS at
24 the House of Correction. You indicated that your

1 qualifications that were required of a Director
2 of Nursing? Did they have to have a particular
3 professional license?

4 A. She was a Registered Nurse.

5 Q. And why was it that you were
6 responsible for the supervision of the Physicians
7 Assistants and the Nurse Practitioners?

8 A. Well, again, that is not, I mean she
9 would help with the coordination of care, so she
10 would be involved with talking with it, nurse
11 practitioners, PA's, if they needed to do say
12 something extra, but the physicians ultimately
13 were the person that the physicians assistants
14 and nurse practitioners answered to clinically.

15 As far as operations, I was more over
16 everyone.

17 Q. So on medical and clinical issues,
18 physicians assistants and nurse practitioners
19 would report to the Director of Medicine?

20 A. Yes, the Medical Director, yes.

21 Q. Would that be fair?

22 A. Yes, the Medical Director, yes.

23 Q. You said you would be responsible
24 operationally. Could you describe specifically

1 what that entailed, what kinds of
2 responsibilities fell to you and who would report
3 to you and on what kinds of matters?

4 A. I was responsible to ensure the
5 delivery of health care to all of the inmates by
6 NCCHC standards which meant from the time that
7 they entered until the time that they were
8 discharged whether it be, you know, their intake
9 process, the physical exams, the sick calls, the
10 chronic disease, discharge planning. I was also
11 responsible for budgetary type issues.

12 Q. Were you responsible for personnel
13 related issues as well?

14 A. Yes.

15 Q. You indicated though in terms of which
16 of the nursing staff reported to whom, that you,
17 that the Director of Nursing had the L.P.N.'s and
18 the R.N.'s report to them but the PA's and the
19 Nurse Practitioners reported to you and why was
20 that?

21 A. To me and the Medical Director.

22 Q. Okay.

23 A. I would say together.

24 Q. And what matters -- what matters were

1 reported, would they report to you on as opposed
2 to the Medical Director?

3 A. Probably operational things to me.

4 Q. What does that mean?

5 A. You know, whether the sick call was
6 behind, whether the physicals were behind, if
7 there were any issues with inmates in particular,
8 we had males and females, so there were a variety
9 of issues with some of them. You know whether it
10 be that they needed more care than we could give
11 them or they needed to be in the Health Services
12 Unit because we had an infirmary there.

13 Q. Okay.

14 A. That is pretty much it.

15 Q. Where was your office located?

16 A. In the unit.

17 Q. In the Health Services Unit?

18 A. Yes.

19 Q. And you indicated there is an infirmary
20 there, can you describe that setup please?

21 A. It is kind of shaped like an oval. You
22 walk into the unit into the Outpatient Department
23 and there were two doors and once you went
24 through the two doors on either side of the right

1 medical unit. The Medical Director would do
2 rounds every day. It was treated like an
3 inpatient unit.

4 Q. What security staff were assigned to
5 the inpatient area?

6 A. Just one.

7 Q. Where would the nurses, L.P.N.'s, nurse
8 practitioners, physicians assistants, where would
9 they be during their day? Would they be in the
10 infirmary?

11 A. Outpatient.

12 Q. They would be in the outpatient area?

13 A. Yes.

14 Q. Who was the Director of Nursing if you
15 recall at this time 1992 to 1993?

16 A. Ann Rabbitt.

17 Q. Was she there continuously do you
18 recall?

19 A. I hired her. I can't say exactly when
20 she started but until I left, yes.

21 Q. And who was the Director of Medicine if
22 you recall?

23 A. Carl Singletary.

24 Q. And again, was he there during the

1 period of time that we have been discussing?

2 A. Yes.

3 Q. Who did you report to, Mrs. Jurdak,
4 organizationally within Correctional Services?

5 A. Ann Mack.

6 Q. What was her title during this period?

7 A. Regional Administrator.

8 Q. Who is Nancy Lawrence?

9 A. At one point I was answering to Nancy
10 Lawrence. She was also a Regional Administrator
11 and she had moved -- her area became Vermont. So
12 I no longer reported to her. I reported to Ann
13 Mack.

14 Q. What was the next level in the
15 organizational change at CMS who would Nancy
16 Lawrence report to?

17 A. At the time I reported to Nancy
18 Lawrence, she reported to Ann Mack.

19 Q. And I see and at some point you
20 indicated that you reported to Ann Mack directly?

21 A. Yes.

22 Q. When did that take place? Was that
23 before or after Nancy Lawrence?

24 A. After.

1 on a form but again if they had something to add,
2 they may write on progress notes.

3 Q. What kinds of information gets included
4 in an inmate's medical records?

5 A. Medical information.

6 Q. What is the purpose of the
7 documentation?

8 A. Medical history.

9 Q. What else?

10 A. Mostly history, it is a source that you
11 look at if you need to know an inmate's medical
12 history or you need to share it with an outside
13 hospital or a provider maybe at a different
14 facility.

15 Q. Would a provider of medical services at
16 the House of Correction who is the next person to
17 see an inmate, would they look at an inmates
18 medical chart to see what care had been provided
19 earlier?

20 A. I am sure that they would do that
21 sometimes, yes.

22 Q. Would that be a purpose of
23 documentation as well?

24 A. Yes, it is history, it is still

1 history.

2 Q. If you could define for me what history
3 is?

4 A. Medical history is any encounter that
5 the inmates have with medical prior to today,
6 when they see them today.

7 Q. You say any encounter that an inmate
8 had with medical?

9 A. Yes.

10 Q. Are only encounters with medical that
11 involve a hands-on physical examination, are
12 those the only kinds of encounters that get
13 documented?

14 A. Yes.

15 Q. What if an inmate reports to a nurse
16 practitioner that he has been physically
17 assaulted by an officer and shows the nurse
18 practitioner his injury and the nurse
19 practitioner makes observation of those injuries
20 including size, coloration, would that
21 information be expected to be documented in the
22 medical records?

23 MR. SCHUMACHER: Objection.

24 A. Yes, yes.

1 Q. Did the Suffolk County Sheriff's
2 Department provide any training different than
3 security training, training in the area of
4 medicine or nursing?

5 A. No.

6 Q. Were CMS employees required to comply
7 with the Suffolk County Sheriff's Department's
8 policies and procedures?

9 A. Yes.

10 Q. And all of their policies and
11 procedures?

12 A. Yes.

13 Q. Are you familiar with the Sheriff's
14 Department's Policy S-220 which is the Employee
15 Code of Conduct?

16 A. Yes.

17 Q. Was that a policy that you were
18 required to comply with as a CMS employee?

19 A. Yes.

20 Q. Was Mrs. Porter required to comply with
21 that?

22 A. All employees would be.

23 Q. All employees of CMS would be required
24 to comply with that policy?

1 has been abused, they would come and want to see
2 the medical documentation that we had around
3 that, but if my nurses or employees, nurse
4 practitioners, physicians assistants, physicians,
5 anybody, phlebotomists had something reported to
6 them, it was really me that decided that that
7 needed to be reported. Of course, I am sure that
8 Suffolk County wanted you to report all of those
9 things as well, but it was never told to me that
10 that was something that employees had to do, it
11 was more my feelings that there was a lot of
12 abuse going on at Suffolk County and in many of
13 my staff meetings, I would tell people that those
14 things need to be reported to SID either by you
15 or by me. I will be glad to do it if you are
16 uncomfortable.

17 Q. You told your staff if they had
18 information about allegations of abuse of an
19 inmate that they were required to report it to
20 SID or to you?

21 A. Right.

22 Q. Did you tell that to Mrs. Porter?

23 A. I am sure she was at some of my
24 meetings.

1 Q. Would you have expected that she would
2 have been aware of the reporting requirements to
3 SID by virtue of the years that she had been
4 working at the Suffolk County House of
5 Correction?

6 A. I am sure many times they came to her
7 for reports, yes.

8 Q. You indicated many times you would
9 report it to SID, are you familiar with the
10 Sheriff's Investigation Division?

11 A. Well, that changed hands towards the
12 end of my employment there, but previous to that,
13 I was very comfortable with the SID staff there.

14 Q. I am asking you what is your knowledge
15 of what the Sheriff's Investigation Department
16 does and what their responsibilities are within
17 the Suffolk County Sheriff's Department?

18 A. Internal investigations I guess.

19 Q. Did they investigate allegations of
20 abuse of inmates by officers?

21 A. I can't say that they do but that is
22 what my understanding would be.

23 Q. And certainly did you have occasion
24 during the years that you worked at the Suffolk

1 County House of Correction to report allegations
2 of abuse to the Sheriff's Investigation Division?

3 A. Yes.

4 Q. How frequently did you do that if you
5 recall?

6 A. Quite often actually.

7 Q. How would you make that report,
8 verbally or in person or would you put it in
9 writing?

10 A. It would depend for me personally, if I
11 suspected something, I would verbally report it
12 usually and be asked usually to write it in a
13 report.

14 If staff came to me and reported
15 something, I normally would ask them if they
16 wanted to go to SID or they wanted me to go or
17 they wanted us to go together. So many times I
18 would report it for nursing staff who were
19 generally uncomfortable with reporting things of
20 that nature.

21 Q. And why were they uncomfortable?

22 A. I think they were afraid of the
23 officers retaliating. They had to work with
24 them, and I am quite certain and actually some of

1 I knew that it was a game that they played and it
2 wasn't important to me.

3 Q. Did it ever deter you from reporting
4 these matters to the Sheriff's Investigation
5 Division?

6 A. Not at all.

7 Q. You indicated earlier that you would go
8 down in person to SID and make your report and
9 often times you were asked for a written report?

10 A. Most of the time the employee would be
11 asked for a written report, yes.

12 Q. And what would form would that written
13 report take?

14 A. Suffolk County had an incident report
15 form that was their form but we didn't always
16 have them available and so people would write on
17 a plain piece of paper like that or they would
18 write on a progress note or they would, you know,
19 some plain, whether it was lined or unlined
20 paper.

21 Q. Would it be addressed to a particular
22 person and state what it was regarding?

23 A. No.

24 Q. And state whom it was from?

1 report to SID on occasions without informing you?

2 A. I am sure.

3 Q. And you hadn't imposed any requirement
4 on her to report to you first for you to assess
5 whether or not she should go to SID?

6 A. No, no.

7 Q. That was something that you felt
8 comfortable with Mrs. Porter making a
9 determination?

10 A. Any employee.

11 Q. Do you know whether or not Mrs. Porter
12 was comfortable reporting allegations of abuse to
13 SID?

14 MR. SCHUMACHER: Objection.

15 A. I wouldn't know that.

16 Q. Did she ever express to you that she
17 felt uncomfortable in reporting to the Sheriff's
18 Investigation Division?

19 A. I don't think so.

20 Q. Did she ever express to you that she
21 felt she had a lack of trust in the Sheriff's
22 Investigation Division?

23 A. Sheila personally -- I can't say she
24 ever personally said that. I think there were a

1 lot of us who felt that way at times.

2 Q. I am asking specifically in this
3 instance about Mrs. Porter?

4 A. I can't say that she ever said that.

5 Q. Previously you indicated that you never
6 felt deterred from reporting to SID by conduct of
7 officers.

8 To your knowledge did Mrs. Porter ever
9 feel deterred from reporting to SID?

10 MR. SCHUMACHER: Objection.

11 A. No, I don't think so.

12 Q. Did she ever report to you any
13 instances in which she felt that she had been
14 retaliated against?

15 A. Oh, yes, there was one.

16 Q. What was that?

17 A. I forgot about that until you said it.
18 Her car got damaged.

19 Q. When was that? Do you recall?

20 A. I don't recall the date.

21 Q. What do you recall about it?

22 A. Honestly, I am not positive about the
23 instance. I can say that I think it was the time
24 that an officer, a female officer was abused by

1 assigned, everybody really kind of knew what they
2 had to do and got it done.

3 Q. Were those tasks that were done during
4 each day, were those determinations made by CMS
5 or by the Suffolk County Sheriff's Department?

6 A. What had to be done every day?

7 Q. Yes, yes, yes.

8 A. By CMS.

9 Q. What is sick call?

10 A. Someone submits a sick slip request to
11 be seen for various things, my tooth hurts, my
12 ass aches -- whatever -- don't write that down.

13 MS. HARVEY: Everything you say will
14 be written down.

15 A. You know, any reason, I mean some of
16 them you can't even make heads of tails of to be
17 honest with you, but a sick slip is the inmate
18 writes down requesting to be seen by medical,
19 dental, mental health, they used it as a personal
20 way to correspond with me kind of in a grievance
21 fashion, but it is a sick slip -- it would be
22 picked up the nursing staff or dropped off by the
23 inmate.

24 Q. Where would it be picked up by the

1 inmates would be seen pursuant to the sick call
2 slips that were submitted?

3 A. Nurses.

4 Q. Nurses?

5 A. They always triage it in case one wrote
6 they had chest pain -- that would be considered
7 an emergency or they had a mental health problem
8 where they felt they were at risk for suicide or
9 something of that nature, they would determine it
10 would it go to the dentist, would it go to mental
11 health, would it go to the nurse practitioners,
12 would it go to the doctor.

13 Q. And what input would the Suffolk County
14 Sheriff's Department have in that process of
15 triaging the sick slips?

16 A. They wouldn't.

17 Q. Were there specific times within the
18 day when an inmate could be seen for medical
19 care?

20 A. Yes.

21 Q. And what were those?

22 A. Normally in the morning from like 8:00
23 to 11:00 and there would be a count and a lock
24 down time and then usually in the afternoon from

1 comfortable that all of them did that.

2 Q. Did she have any supervisory
3 responsibilities?

4 A. We had nurse practitioner students,
5 yes, many times we would have a nurse
6 practitioner student that she would be
7 supervising and teaching basically.

8 Q. Did she have any responsibility to
9 report allegations of inmate abuse?

10 MR. SCHUMACHER: Objection.

11 A. All employees were told that.

12 Q. Yes, she did?

13 A. Yes.

14 MS. CAULO: Do you want to take a
15 break?

16 THE WITNESS: Sure.

17 (Discussion off the record.)

18 Q. Mrs. Jurdak, are you ready?

19 A. I am.

20 Q. What was your understanding of the
21 Suffolk County Sheriff's Department's ability to
22 bar employees of Correctional Medical Services?

23 A. My understanding is that they could bar
24 anyone at any time.